425-788-2483

PTO/SB/17 (10-03)
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TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.			lo.	MS1-240US		
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Credit card Money Other None	3. ADDITIONAL FEES							
	Large Entity , Small Entity							
Deposit Account:	Fee.			Fee	•	Fee Description		
Deposit Account 12-0769	1051		Code	• •	Contain		Fee Paid	
Number			2051			arge - late filing fee or oath		
Deposit Lee & Hayes, PLLC		50	2052	25	COVE	arge - late provisional filing fee or sheet		
Name The Director is authorized to: (check all that apply)	1053	130	1053	130	Non-E	nglish specification	├──┤╿	
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For fili	ng a request for ex parte reexamination	├	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920	1804	920°		esting publication of SIR prior to ner action		
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FEE CALCULATION	1252		2252	210		sion for reply within second month		
1. BASIC FILING FEE	1253		2253			sion for reply within third month		
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1001 770 2001 385 Utility filing fee	1401	-	2401					
1002 340 2002 170 Design filing fee						e of Appeal		
1003 530 2003 265 Plant filing fee	1402 1403		2402 2403		-	a brief in support of an appeal est for oral hearing		
1004 770 2004 385 Reissue filing fee		1,510	1451	-	•	<del>-</del>		
1005 160 2005 80 Provisional filing fee	1452	•	2452			on to institute a public use proceeding on to revive - unavoidable		
SUBTOTAL (1) (\$) 0		1,330	2453					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2501			on to revive - unintentional rissue fee (or relssue)		
Fee from Extra Claims below Fee Paid	1502		2502		•	an issue fee		
Total Claims X =	1503		2503		-	Issue fee		
Independent - 3** = X = =	1460		1460			ons to the Commissioner		
Multiple Dependent =	1807		180			essing fee under 37 CFR 1.17(q)		
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1202 18 2202 9 Claims in excess of 20	1809	770	280	9 385	5 Filing	a submission after final rejection		
1201 B6 2201 43 Independent claims in excess of 3	40			0 00	-	CFR 1.129(a))	<del></del>	
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1810	770	281	v 385		each additional invention to be nined (37 CFR 1.129(b))		
over original patent	180	1 770	2801	385	5 Req	uest for Continued Examination (RCE)		
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SUBTOTAL (2) (\$) 0 **or number previously paid, if greater; For Relssues, see above	*Reduced by Basic Filing Fee Paid SURTOTAL (2) (C) O							
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Name (Print/Typo) David S. Lee (Attorney/Apant) December 8, 2003 Signature

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